

PS

SENDER: Complete items 1, 2, and 3.
Add your address in the "RETURN TO" space
reverse.

1811, Jan. 1979

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

1. The following service is requested (check one.)

- ☒ Show to whom and date delivered. \$
☐ Show to whom, date and address of delivery. \$
☐ RESTRICTED DELIVERY
 Show to whom and date delivered. \$
☐ RESTRICTED DELIVERY.
 Show to whom, date, and address of delivery. \$

(CONSULT POSTMASTER FOR FEES)

2. ARTICLE ADDRESSED TO:

BTM
 Albert K. Ceberets
 1084 Canyoncrest Dr.
 Bountiful, UT 84010

3. ARTICLE DESCRIPTION:

REGISTERED NO.

CERTIFIED NO.

INSURED NO.

5776513

(Always obtain signature of addressee or agent)

I have received the article described above.

SIGNATURE

☐ Addressee☐ Authorized agent

4.

DATE OF DELIVERY

11/13/80

POSTMARK

5.

ADDRESS (Complete only if requested)

1084 Canyoncrest Dr.

6.

UNABLE TO DELIVER BECAUSE

CLERK'S
INITIALS

UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS

SENDER INSTRUCTIONS

Print your name, address, and ZIP Code in the space below.

- Complete items 1, 2, and 3 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.

**RETURN
TO**



STATE OF UTAH

Department of Natural Resources
Division of Oil and Gas Conservation
1588 West North Temple
Salt Lake City, Utah 84116

(Name of Sender)

(Street or P.O. Box)

(City, State, and ZIP Code)

PENALTY FOR PRIVATE
USE TO AVOID PAYMENT
OF POSTAGE \$300



P07 5776513

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL

(See Reverse)

PS Form 3800, Apr. 1976
Failure to Comply INA 1045/001

SENT TO				Albert K. Ceberts	
STREET AND NO.				1084 Canyoncrest Dr	
P.O., STATE AND ZIP CODE				Bountiful, UT 84010	
POSTAGE				\$	
CONSULT POSTMASTER FOR FEES	OPTIONAL SERVICES	CERTIFIED FEE		¢	
		SPECIAL DELIVERY		¢	
		RESTRICTED DELIVERY		¢	
	RETURN RECEIPT SERVICE	SHOW TO WHOM AND DATE DELIVERED		¢	
		SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY		¢	
		SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY		¢	
		SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY		¢	
TOTAL POSTAGE AND FEES				\$	

POSTMARK OR DATE

11-10-80

**STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST CLASS POSTAGE,
CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES. (see front)**

1. If you want this receipt postmarked, stick the gummed stub on the left portion of the address side of the article, **leaving the receipt attached**, and present the article at a post office service window or hand it to your rural carrier. (no extra charge)
2. If you do not want this receipt postmarked, stick the gummed stub on the left portion of the address side of the article, date, detach and retain the receipt, and mail the article.
3. If you want a return receipt, write the certified-mail number and your name and address on a return receipt card, Form 3811, and attach it to the front of the article by means of the gummed ends if space permits. Otherwise, affix to back of article. Endorse front of article **RETURN RECEIPT REQUESTED** adjacent to the number.
4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article.
5. Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in Item 1 of Form 3811.
6. Save this receipt and present it if you make inquiry.